

Navy Data Quality Management Control Program

**DQMCP Conference
February, 2008**

Objectives

- **Understand DQMCP Components**
- **Comprehend DQ Statement parameters and metrics**
- **Recognize Navy Tier Roles and Responsibilities**
- **Identify DQ process flow and deadlines**

Why DQ ?

- **Lack of standard business rules and policies**
- **Inconsistent coding patterns, weights and algorithms**
- **Lack of training/education**
- **Failure to set/enforce performance expectations**

DQ Components

- **Critical MTF Staff: Commanding Officer/ESC, Data Quality Manager, Data Quality Assurance Team**
- **DQMC Review List: Internal tool to identify and correct financial/clinical workload data and processes**
- **Commander's Monthly Data Quality Statement: Monthly statement forwarded through Regions to BUMED and TMA.**

DQ Team

- **Meets regularly with DQ Manager**
- **Acts as Subject Matter Experts**
- **Identifies/resolves internal DQ issues**
- **Team Membership (minimum):**
 - **MEPRS**
 - **Coding/PAD/Medical Records**
 - **IM (CHCS, AHLTA, ADM experts)**
 - **Physician/Provider Champion**
 - **Executive “link”**
 - **Business analysts**

Review List

Review List Element	Function
Organizational Factors	Leadership commitment and DQ structure
Data Input	Ensure accurate, complete and timely data
Data Output	Timely and accurate
Security	IA, access breach
System Design and Training	System administrator ID, IT business processes

MTF DQMCP Commander's Statement

- **10 Categories, 33 Elements**
- **Submitted monthly to BUMED via Regions and NMSC**
- **Signed by Commanding Officer**
- **Reporting month evaluates data 2 months prior**
 - **Example: February reporting month evaluates December data**

End of Day (EOD)

	Report Element	Compliance Factor
1 (a, b)	End of Day (EOD) Every clinic, every day	Percent of clinics compliant
		Percent of appointments compliant

- **24/7 clinics/ER EOD by 0600 following day**
- **Automated through NMIMC DQ Website**
- **Uses SADR and patient appointment files**

Coding Timeliness

	Report Element	Compliance Factor
2 (a-c)	Coding Timeliness	SADR - 3 days
		APV - 15 days
		Inpatient - 30 days

- SADR = Three **BUSINESS** days
- APV = 15 calendar days
- Inpatient = 30 calendar days

Required Actions

	Report Element	Compliance Factor
3 (a-b)	Financial reconciliation completion	Yes or No
	MEWACS reviewed, explained	Yes or No

- **MEWACS (MEPRS Early Warning and Control System) review:** “Has the MTF DQ or MEPRS Manager reviewed information presented in the **CURRENT version** MEWACS report?”
- **DQ review month data is not the requirement here**

Timely Data Submission

	Report Element	Compliance Factor
4 (a-d)	Timely data submission	MEPRS, SIDR, WWR, SADR

- **MEPRS - EOM + 30 days (Navy)**
- **SIDR - EOM + 5 working days**
- **WWR - EOM + 10**
- **SADR - Daily**

Professional Services Encounters

	Report Element	Compliance Factor
5 (a-d)	Inpatient DRG reviewed	# of records reviewed
	Inpatient Prof. Svcs rounds encounters E&M codes	Percent correct
	Inpatient Prof Svcs. Rounds encounters ICD-9	Percent correct
	Inpatient Prof Svcs. Rounds encounters CPT	Percent correct

- **Element revised in FY-07**
- **Requires coding quality checks on IPS (inpatient professional services) encounters**

Outpatient Records

	Report Element	Compliance Factor
6 (a-f)	Outpatient Records (Minimum 30 records)	(a) Records found
		(b) E&M codes correct
		(c) ICD-9 codes correct
		(d) CPT codes correct
		(e) DD2569 in record
		(f) DD2569 verified in CHCS

➤ **Random audit**

Ambulatory Procedure Visits

	Report Element	Compliance Factor
7 (a-f)	Ambulatory Procedure Visits	(a) Records found
		(b) ICD-9 codes correct
		(c) CPT codes correct
		(d) DD2569 in record
		(e) DD2569 verified in CHCS

- **Change for FY-08: Originally 7 (b) reviewed E&M codes linked with APVs. No longer required.**

Workload Comparison

	Report Element	Compliance Factor
8 (a-e)	Workload data comparison	(a) SADR / WWR
		(b) SIDR / WWR
		(c) EAS / WWR Visit
		(d) EAS / WWR Disposition
		(e) IBWA encounters / WWR Dispositions + bed days

- **FY-08 Changes: 8 (a) identifies count and non-count SADR totals. Percentage is still total SADR divided by WWR.**
- **SADR should be greater than or equal to WWR**
- **If EAS not processed, use WAM data to complete metrics in this section**

AHLTA / SADR Encounters

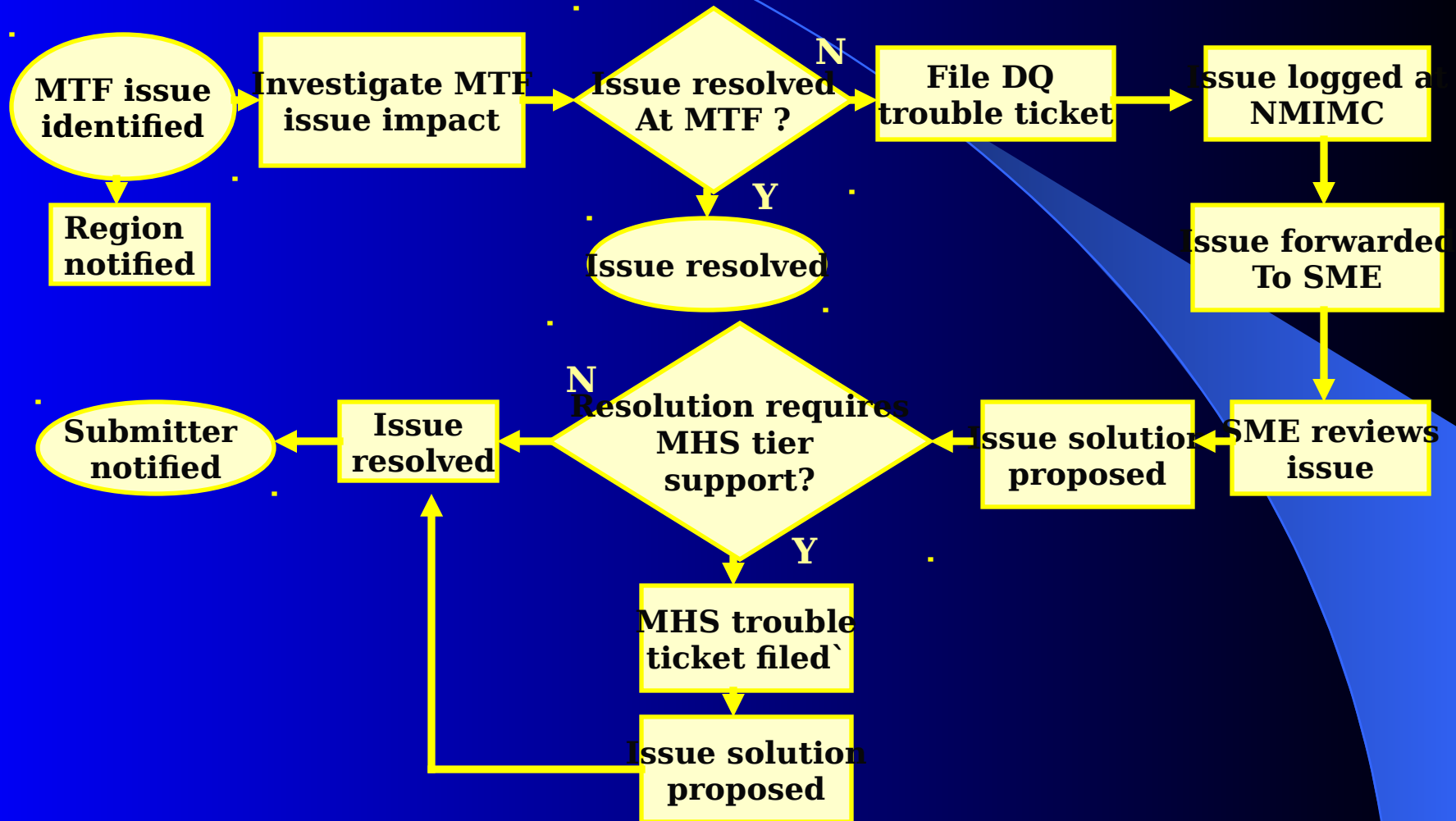
	Report Element	Compliance Factor
9.	# of AHLTA Encounters / # of total SADR Encounters	Percentage

- “B” accounts only
- Excludes APV data
- Excludes BIA (Emergency Room)

Roles/Responsibilities

BUMED	NMSC	Regions	MTF
DQ Policy, strategy and priorities	DQ execution and oversight	Provides monthly regional DQ rollup	Establishes DQ team to assess MTF DQ
IG Management Control POC	Manages tools, training	Identifies and analyzes MTF issues and data	Assigns DQ Manager and prepares monthly Commander's Statement
Forwards monthly Navy DQ file to TMA	Coordinates monthly regional submissions	Provides training and guidance as required	Identifies issues and develops POA&M for correction
TMA POC for MMIG, DQ	Oversight: NMIMC DQ support	Provides monthly information paper	Briefs ESC and Commanding Officer

Navy DQ Issue Process



FY-08 Improvement Goals

- **Improve NMIMC website and corresponding data. Identify MTF variances and standardize report formats**
- **Electronic Data Quality Statement (EDQ) upgrade with review/analysis processes**
- **Identify trouble ticket issues. Communicate and expedite resolution**
- **Improve coding quality**
 - **Identify top three issues**
 - **Conduct a program assessment**
 - **Develop POA&M**

FY-08 Goals: Coding Improvement

- **Improved accuracy of codes assigned for services.**
- **Improvement assignment of codes in DoD reporting systems.**
 - **Inpatient Institutional Services**
 - **Ambulatory Procedure Visits**
 - **Inpatient and outpatient professional services**

Challenges

- **Trouble ticket status and resolution**
- **Training**
 - DQ Manual updates
 - New DQ Manager training
- **System/table upgrade coordination**

Points of Contact

Site	POC
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